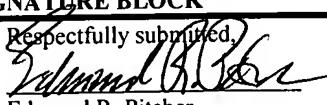
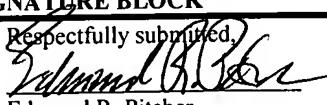
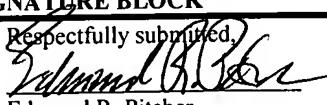
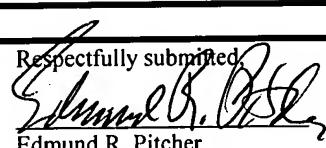


**FEE TRANSMITTAL  
FY 2006**

JUN 15 2006

Complete if Known	
Application Serial Number	10/032,827
Filing Date	October 23, 2001
First Named Inventor	Schwartz
Group Art Unit	1636
Examiner Name	Jennifer Ann Dunston
Attorney Docket No.	FLG-002

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																																																	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<b>3. ADDITIONAL FEES</b> Large Entity      Small Entity Fee (\$ )      Fee (\$ )      Fee Description      Fee Paid																																																	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.  <input checked="" type="checkbox"/> Overpayment Credit. 3. <input checked="" type="checkbox"/> Applicant claims small entity status.		130      65      Surcharge - late filing fee or oath 50      25      Surcharge - late provisional filing fee or cover sheet 130      130      Non-English specification 2,520      2,520      Request for ex parte reexamination 120      60      Extension for reply within first month 450      225      Extension for reply within second month 1020      510      Extension for reply within third month 1590      795      Extension for reply within fourth month 2160      1080      Extension for reply within fifth month 500      250      Notice of Appeal 500      250      Filing a brief in support of an appeal 1000      500      Request for oral hearing 400      400      Petitions to the Commissioner (Gp. I) 200      200      Petitions to the Commissioner (Gp. II) 130      130      Petitions to the Commissioner (Gp. III) 180      180      Submission of Information Disclosure Statement 790      395      Filing a submission after final rejection (37 CFR 1.129(a)) 790      395      For each additional invention to be examined (37 CFR 1.129(b)) 100      100      Certificate of Correction for applicant's error 130      65      Submission of Terminal Disclaimer 790      395      Request for Continued Examination  Other fee (Specify)																																																	
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<b>1. FILING/SEARCH/EXAM/SIZE FEES</b> <b>Large Entity</b> <table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>500</td> <td>Utility search fee</td> <td></td> </tr> <tr> <td>200</td> <td>Utility exam fee</td> <td></td> </tr> <tr> <td>250</td> <td>Utility size fee (each add'l 50 pgs. over 100)</td> <td></td> </tr> <tr> <td>200</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>100</td> <td>Design search fee</td> <td></td> </tr> <tr> <td>130</td> <td>Design exam fee</td> <td></td> </tr> <tr> <td>250</td> <td>Design size fee (each add'l 50 pgs. over 100)</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 50.00=</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$200.00=</td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Multiple Dependent Claim(s), if any      \$360.00 = *Numbers based upon entry of Preliminary Amendment      TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1)      (\$) 0.00				Fee (\$)	Fee Description	Fee Paid	300	Utility filing fee		500	Utility search fee		200	Utility exam fee		250	Utility size fee (each add'l 50 pgs. over 100)		200	Design filing fee		100	Design search fee		130	Design exam fee		250	Design size fee (each add'l 50 pgs. over 100)		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 50.00=		Independent Claims	- 3 =	x \$200.00=										
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<b>2. AMENDMENT CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> <th>SUBTOTAL (3)      (\$) 510.00</th> </tr> </thead> <tbody> <tr> <td>Total Indep.</td> <td>- =</td> <td>0</td> <td>x \$ 50.00 =</td> <td>0.00</td> <td>SUBTOTAL (1)      0.00</td> </tr> <tr> <td></td> <td>- =</td> <td>0</td> <td>x \$200.00=</td> <td>0.00</td> <td>SUBTOTAL (2)      0.00</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim      + \$360.00=</td> <td>SUBTOTAL (3)      510.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL:      (\$) 0.00</td> <td>TOTAL      (\$) 510.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">SMALL ENTITY DISCOUNT:</td> <td>SIGNATURE BLOCK</td> </tr> <tr> <td colspan="5" style="text-align: center;">SUBTOTAL (2)      (\$) 0.00</td> <td>           Respectfully submitted,              Edmund R. Pitcher            Attorney for the Applicants            Goodwin Procter LLP            Exchange Place            Boston, MA 02109         </td> </tr> <tr> <td colspan="5">           Direct all correspondence to:            Patent Administrator            Goodwin Procter LLP            Exchange Place            Boston, MA 02109            Tel. No.: (617) 570-1000            Fax No.: (617) 523-1231            Customer No. 051414         </td> <td></td> </tr> </tbody> </table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	SUBTOTAL (3)      (\$) 510.00	Total Indep.	- =	0	x \$ 50.00 =	0.00	SUBTOTAL (1)      0.00		- =	0	x \$200.00=	0.00	SUBTOTAL (2)      0.00	<input type="checkbox"/> First Presentation of Multiple Dep. Claim      + \$360.00=					SUBTOTAL (3)      510.00	TOTAL:      (\$) 0.00					TOTAL      (\$) 510.00	SMALL ENTITY DISCOUNT:					SIGNATURE BLOCK	SUBTOTAL (2)      (\$) 0.00					Respectfully submitted,  Edmund R. Pitcher Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109	Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414					
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket Number FLG-002															
	In re Application of Schwartz <i>et al.</i>																
	Application Serial No. 10/032,827																
	Filed: October 23, 2001																
	Group Art Unit: 1636	Examiner: Jennifer Ann Dunston															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$ 1,020.00</td></tr> <tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is \$510.00.  <input checked="" type="checkbox"/> A check including the amount of the fee is enclosed.  <input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 07-1700. Enclosed is a duplicate of this sheet.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 07-1700.  <input checked="" type="checkbox"/> Return receipt postcard enclosed.     </p> <p>I am the    <input type="checkbox"/> assignee of record of the entire interest.  <input type="checkbox"/> applicant.  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).      Registration number if acting under 37 CFR 1.34(a). _____.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 1,020.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
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<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>															
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